

Printed 08/04/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DO
08/945,144	01/20/1998	800	1638	RP/PC

APPLICANT

MICHEL LEBRUN, LYON, FRANCE; ALAIN SAILLAND, LYON, FRANCE; GEORGES FREYSSINET, ST CYR AU MONT D'OR, FRANCE; ERIC DEGRYSE, STRASBOURG, FRANCE.

CONTINUING DOMESTIC DATA***

VERIFIED

OK none

371 (NAT'L STAGE) DATA***

VERIFIED

THIS APPLN IS A 371 OF PCT/FR96/01125 07/18/1996

OK

FOREIGN APPLICATIONS***

VERIFIED

FRANCE

95/08979

07/19/1995

OK

Foreign priority claimed ☒ yes ☐ no
35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and acknowledged

P. D. H. R. S. E.
Examiner's Name Initials

STATE OR
COUNTRY

FRX

SHEETS
DRAWINGS

0

TOTAL
CLAIMS

18

INDEPENDENT
CLAIMS

2

ADDRESS

CONNOLLY & HUTZ
PO BOX 2207
WILMINGTON, DE 19899-2207

TITLE

MUTATED 5-ENOL PYRUVYLSHIKIMATE-3-PHOSPHATE SYNTHASE, GENE CODING FOR SAID PROTEIN AND TRANSFORMED PLANTS CONTAINING SAID GENE

FILING FEE
RECEIVED

\$*1060

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of Time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 2339

Bib Data Sheet

SERIAL NUMBER 08/945,144	FILING DATE 01/20/1998 RULE	CLASS 800	GROUP ART UNIT 1638	ATTORNEY DOCKET NO. RP/PCT
-----------------------------	---------------------------------------	--------------	------------------------	----------------------------------

APPLICANTS

MICHEL LEBRUN, LYON, FRANCE;

ALAIN SAILLAND, LYON, FRANCE;

GEORGES FREYSSINET, ST CYR AU MONT D'OR, FRANCE; ERIC DEGRYSE, STRASBOURG, FRANCE;

** CONTINUING DATA *****

This application is a 371 of PCT/FR96/01125 07/18/1996

** FOREIGN APPLICATIONS *****

FRANCE 95/08979 07/19/1995

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i>	STATE OR COUNTRY FRANCE	SHEETS <i>None</i> DRAWING	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
--	---	-------------------------------	----------------------------------	-----------------------	----------------------------

ADDRESS
CONNOLLY & HUTZ
PO BOX 2207
WILMINGTON, DE
198992207TITLE
MUTATED 5-ENO PYRUVYL SHIKIMATE-3-PHOSPHATE SYNTHASE, GENE CODING FOR SAID PROTEIN
AND TRANSFORMED PLANTS CONTAINING SAID GENE

FILING FEE RECEIVED 1312	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	--